

## **Sample Procedure for Extended Use or Reuse of Surgical Masks or N95 Respirators**

**Policy:** This policy will be used only when surge capacity is needed. This refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility. The following measures may be considered in the setting of a potential impending shortage of N95 respirators or surgical masks.

**Extended Use:** Refers to the practice of wearing the same N95 respirator or surgical mask for repeated close contact encounters with several different patients, without removing the respirator/mask between patient encounters. Extended use is well suited to situations wherein multiple patients with the same infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g., housed on the same hospital unit). It can also be considered to be used for care of patients with tuberculosis, varicella, and measles.

**Procedure:** The mask or (or N95) can be used until the healthcare provider needs to doff for meals or end of shift. Discard if it becomes soiled or physically damaged, or it is difficult to breathe.

**Reuse:** Refers to the practice of using the same N95 respirator or mask by one HCP for multiple encounters with different patients but removing it (i.e. doffing) after each encounter.

**Equipment needed:** One emesis basin used throughout the course of the pandemic. Label the basin with your name.

In place of a basin, clean, brown paper bags may be used. Label the bag with your name.

One N95 Respirator or a surgical mask with elastic ear hooks. (Surgical masks that tie cannot be reused)

### **Donning PPE**

Label the strap of the mask with your name. Locate bag or designated emesis basin to use when doffing.

### **Removing personal protective equipment:**

- After removing gown and gloves and cleaning hands, leave the patient area, close the door and take off the mask (or N95), only handling the elastic loops or straps.
- Drop the mask (or N95) into the basin or paper bag, soiled (exterior) side down. Do not place any material within the respirator or over the respirator.

### **Re-donning:**

- Put on gown and gloves.
- Pick up the mask (or N95) by the loops or strap and put on prior to entering patient care area. If wearing a N95, complete seal check. Avoid eyes during this process.
- Remove gloves and perform hand hygiene.
- Put on goggles (if not using a mask with attached eye protection) and then a clean pair of gloves.

Reuse no more than 5 times and discard or at the end of an 8-hour shift whichever comes first, discard the mask (or N95) and paper bag. Use a disinfectant wipe to disinfect the emesis basin if used.

Store the emesis basin in the designated location.

Prior to using the emesis basin the next day, disinfect with a disinfectant wipe.

### **Notes:**

If the front of the mask (or N95) is touched, immediately perform hand hygiene.

Discard respirator/mask if it becomes soiled, damaged, or hard to breathe through.

This policy is not applicable in the surgical suite.

**Reference:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html>

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>